

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	B A	32	06-28-9
O.I.P.E. CLASSIFIER	N	32	7/1/1
FORMALITY REVIEW	CV	503	103-15-9
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final Original	Date
1	✓	1/10/92
2	✓	1/10/93
3	✓	1/18/93
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If more than 150 claims or 10 actions  
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